

Nurturing Families Network Home Visiting Baseline Data Form

The purpose of this questionnaire is to collect baseline information about families participating in the Nurturing Families Network Home Visiting program. The items in the questionnaire should be filled out by the Family Support Worker based on her knowledge of the family and on information contained in the participant's records. It is important that if a Home Visitor is not sure about an answer that she make the necessary inquiries to answer the question accurately. Check only one answer unless otherwise directed.

The Baseline should be completed within the first month the family enters the program. If the family enrolls prenatally, Part A should be left blank and sent in separately when the baby is born.

Family ID# _____

Today's date: _____

Home Visitor's Name: _____

Which Administration?

Home Visiting ☐ Entry ☐ 1 Year ☐ 2 Year ☐ 3 Year ☐ 4
Year ☐ 5 Year

PART A. CHILD INFORMATION [ENTRY ONLY]

1. Is this a multiple birth?
☐ No ☐ Yes (If yes, please fill out an additional Section A for each child)
2. Child's Date of Birth: ____/____/____
3. Sex of Child:
☐ Male ☐ Female
4. Is this child the mother's first child?
☐ Yes ☐ No ☐ Don't Know
If no, how many children has the mother had? _____
5. Did the mother use alcohol, tobacco, or other drugs during this pregnancy?
A. Cigarettes ☐ No ☐ Yes ☐ Don't know
B. Alcohol ☐ No ☐ Yes ☐ Don't know
C. Illicit Drugs ☐ No ☐ Yes ☐ Don't know
If yes, which ones? _____
6. Baby's Gestational Age: _____ weeks
7. Baby's Birth Weight: _____ lbs. _____ oz.

PART B. MOTHER'S INFORMATION

1. Mother's Date of Birth: ____/____/____

2. Mother's current marital status:

- ☐ Single, never married
☐ Married

- ☐ Widowed
☐ Divorced

- ☐ Separated
☐ Not known

3. Mother's current relation to father of newborn

- ☐ Partner/boyfriend
☐ Married
☐ Married, but separated
☐ Not known
☐ Divorced
☐ No relationship
☐ Father is deceased
☐ Widowed

4. Is the mother's current partner the father of the baby?

- ☐ No
☐ Yes
☐ Not known
☐ Not applicable (Doesn't currently have a partner)

4a. If no, will the partner be involved as a primary figure in the child's life?

- ☐ No
☐ Yes --- If yes, please fill out section E: Partner Information
☐ Not known
☐ Not applicable (No partner or partner is father of the baby)

5. What race/ethnicity does the mother consider herself to be? **[Entry Only]**

- ☐ White
☐ Asian
☐ African-American
☐ Native American
☐ Hispanic
☐ Not known
☐ Multi-Racial
☐ Other (please specify _____)

6. What language is the mother most comfortable speaking? **[Entry Only]**

- ☐ English
☐ Spanish
☐ English and Spanish
☐ Other (specify _____)

7. Mother's highest grade completed in school

- ☐ No formal schooling
☐ Eighth grade or less
☐ Less than high school graduation
☐ High school degree
☐ General Equivalency Degree (GED)
☐ Some College Education
☐ College Degree
☐ Vocational/Training Certificate
☐ Graduate Work
☐ Not known

8. Is the mother currently employed?

- ☐ No and mother is not seeking work
☐ No, but the mother is seeking work
☐ Yes, mother is working
☐ Yes, but currently on maternity leave
☐ Not known

8a. if yes, please describe the mother's current paid employment status:

- ☐ Regular, full-time job (35 or more hours per week)
☐ Regular, part-time job
☐ Occasional work
☐ Working more than one job

On average, how many hours per week does the mother work? _____

9. If employed, what is the mother's average annual UNASSISTED income:

- ☐ Under \$5,000
☐ \$5,000 to \$9,999
☐ \$10,000 to \$14,999
☐ \$15,000 to \$24,999
☐ \$25,000 to \$34,999
☐ \$35,000 and over
☐ Unknown
☐ Not applicable (Not employed)

10. Was the mother employed during the year prior to her pregnancy? **[Entry Only]**

- ☐ No and mother was not seeking work ☐ No, but the mother was seeking work
☐ Yes ☐ Not known

10a. If yes, please describe mother's prior paid employment status:

- ☐ Was employed in regular full-time job ☐ Was employed in regular, part-time job
☐ Worked occasionally ☐ Worked more than one job at a time
☐ Not known ☐ Not applicable (Didn't work)

On average, how many hours per week did the mother work? _____

11. Is the mother currently enrolled in school?

- ☐ No ☐ Yes ☐ Not known

11a. If no, was the mother enrolled in school prior to her pregnancy? **[Entry Only]**

- ☐ No ☐ Yes ☐ Not known

11b. If yes, what type of school is the mother currently attending?

- ☐ High school ☐ Vocational ☐ GED program
☐ Other (please specify _____) ☐ College (2 or 4 year)

12. Does the mother currently have any of the following conditions?

- | | | | |
|------------------------------|------------------------------|-----------------------------|-------------------------------------|
| 1. Abuse of alcohol | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |
| 2. Abuse of other substances | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |
| Explain: _____ | | | |
| 3. Financial difficulties | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |
| 4. Social isolation | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |
| 5. History of arrests | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |
| 6. Currently incarcerated | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |

13. Is domestic violence a problem for the mother in the household?

- ☐ No ☐ Yes, I know for certain ☐ Yes, I suspect so ☐ Not known

14. Has the mother been hit, slapped, kicked, or otherwise physically hurt by a partner within the past year?

- ☐ No
☐ Yes, I know for certain (By current or past partner? ☐ Current ☐ Past)
☐ Yes, I suspect so (By current or past partner? ☐ Current ☐ Past)
☐ Not known ☐ Not applicable (has not had a partner in the last year)

15. Which of the following conditions characterize the mother's relationship with her current partner?

(CHECK ALL THAT APPLY)

- | | |
|---|---|
| <input type="checkbox"/> No abuse is noticeable | <input type="checkbox"/> Partner is physically abusive |
| <input type="checkbox"/> Partner is emotionally or verbally abusive | <input type="checkbox"/> Mother is sexually abused by partner |
| <input type="checkbox"/> Not known | <input type="checkbox"/> Not applicable (does not have a partner) |

16. Has the mother pursued any of the following interventions because of spousal/partner abuse within the past year?

- | | |
|---|--|
| <input type="checkbox"/> No, none was necessary | <input type="checkbox"/> No, even though incident(s) of abuse occurred |
| <input type="checkbox"/> Spoken to a social worker/counselor | <input type="checkbox"/> Stayed in a shelter at least one night |
| <input type="checkbox"/> Took part in a Domestic Violence Program | <input type="checkbox"/> Other (please specify _____) |
| <input type="checkbox"/> Not known | <input type="checkbox"/> Not applicable (does not have a partner) |

PART C: FATHER'S INFORMATION

Fill out this section of the questionnaire even if the father is not the primary figure in the baby's life.

1. Father's Date of Birth: ____/____/____

2. What race/ethnicity does the father consider himself to be? **[Entry Only]**

- ☐ White ☐ Asian ☐ African-American ☐ Native American
☐ Hispanic ☐ Not known ☐ Multi-Racial ☐ Other (specify _____)

3. What language is the father most comfortable speaking? **[Entry Only]**

- ☐ English ☐ Spanish ☐ English and Spanish ☐ Other (specify _____)

4. Father's highest grade completed in school (CIRCLE ONLY ONE)

- ☐ No formal schooling ☐ Eighth grade or less
☐ Less than high school graduation ☐ High school degree
☐ General Equivalency Degree (GED) ☐ Some College Education
☐ College Degree ☐ Vocational/Training Certificate
☐ Graduate Work ☐ Not known

5. Is the father currently employed?

- ☐ No ☐ No, but the father is seeking work
☐ Yes ☐ Not known

5a. If yes, please describe the father's current paid employment status:

- ☐ Regular, full-time job (35 or more hours per week)
☐ Regular, part-time job
☐ Occasional work
☐ Working more than one job
☐ Not applicable (not working)

6. If employed, what is the father's average annual UNASSISTED income:

- ☐ Under \$5,000 ☐ \$5,000 to \$9,999 ☐ \$10,000 to \$14,999
☐ \$15,000 to \$24,999 ☐ \$25,000 to \$34,999 ☐ \$35,000 and over
☐ Unknown ☐ Not applicable (Not employed)

7. Is the father currently enrolled in school?

- ☐ No ☐ Yes ☐ Not known

7a. If yes, what type of school is the father currently attending?

- ☐ High school ☐ Vocational ☐ GED program
☐ Other (please specify _____) ☐ College (2 or 4 year)
☐ Not applicable (not in school)

8. Does the father currently have any of the following conditions?

- | | | | |
|------------------------------|------------------------------|-----------------------------|-------------------------------------|
| 1. Abuse of alcohol | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |
| 2. Abuse of other substances | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |
| Explain: _____ | | | |
| 3. Financial difficulties | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |
| 4. Social isolation | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |
| 5. History of arrests | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |
| 6. Currently incarcerated | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |

9. To what extent is the father a primary caregiver for the baby?

- ☐ Very involved ☐ Somewhat involved ☐ Sees the child occasionally
☐ Very rarely involved ☐ Does not see the baby involved
☐ Not applicable (prenatal family)

PART D: HOUSEHOLD INFORMATION

1. How many adults, excluding the mother, are living in the mother's household? _____

1a. What adults are now living in the mother's household? (CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> Mother is the only adult | <input type="checkbox"/> Baby's father |
| <input type="checkbox"/> Mother's spouse | <input type="checkbox"/> Mother's consensual partner |
| <input type="checkbox"/> Mother's mother | <input type="checkbox"/> Mother's father |
| <input type="checkbox"/> Mother's siblings | <input type="checkbox"/> Father's siblings |
| <input type="checkbox"/> Other relatives of mother (please specify _____) | |
| <input type="checkbox"/> Other relatives of baby's father (please specify _____) | |
| <input type="checkbox"/> Other relatives of mother's partner (indicate only if the partner is <u>not</u> the baby's father) | |
| <input type="checkbox"/> Other non-relatives (please indicate) _____ | |
| <input type="checkbox"/> Other shelter housing residents | |

2. Not including the mother, father, partner, or target child, how many children under the age of 18 live in the household where baby will reside? _____

Please indicate:	Age (years)	Sex	Relation to Newborn
Child 1	_____	_____	_____
Child 2	_____	_____	_____
Child 3	_____	_____	_____
Child 4	_____	_____	_____
Child 5	_____	_____	_____
Child 6	_____	_____	_____
Child 7	_____	_____	_____
Child 8	_____	_____	_____

3. Who will be the primary caregivers for the child? (CHECK ALL THAT APPLY)

- | | | |
|---|---|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Maternal grandmother |
| <input type="checkbox"/> Maternal grandfather | <input type="checkbox"/> Paternal grandfather | <input type="checkbox"/> Paternal grandmother |
| <input type="checkbox"/> Mother's sibling | <input type="checkbox"/> Father's sibling | <input type="checkbox"/> Mother's extended family |
| Father's extended family | <input type="checkbox"/> Mother's partner | <input type="checkbox"/> Other Please specify: _____ |

4. What is the household's average annual UNASSISTED income:

- | | | |
|---|--|---|
| <input type="checkbox"/> Under \$5,000 | <input type="checkbox"/> \$5,000 to \$9,999 | <input type="checkbox"/> \$10,000 to \$14,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$35,000 and over |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Not applicable (No one in household employed) | |

5. Does the mother receive child support from the baby's father?

- ☐ No
- ☐ Yes, informal support (indicate the average mother receives per month \$ _____)
- ☐ Yes, formal support (indicate the average mother receives per month \$ _____)
- ☐ Yes, informal support (FOB lives with MOB)
- ☐ Unknown

6. Is the mother covered by medical insurance?

- | | | |
|--|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, through Medicaid | <input type="checkbox"/> Yes, private insurance through job |
| <input type="checkbox"/> Yes, through Medicare (disability) | <input type="checkbox"/> Yes, through HUSKY | |
| <input type="checkbox"/> Yes, through parents' insurance (only if a minor) | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other (specify _____) |

7. Is the child covered by medical insurance?

- | | | |
|---|---|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, through Medicaid | <input type="checkbox"/> Yes, insurance through parent's job |
| <input type="checkbox"/> Yes, through Medicare (disability) | <input type="checkbox"/> Yes, through HUSKY | |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other (please specify _____) | |

8. Does the mother reside in public housing?

- ☐ No ☐ Yes ☐ Not known

9. Type of housing in which the mother and child will reside?

- | | |
|--|---|
| <input type="checkbox"/> Home owned by MOB | <input type="checkbox"/> Home owned by MOB and FOB |
| <input type="checkbox"/> Home owned by MOB and MOB's partner/boyfriend (not FOB) | |
| <input type="checkbox"/> Apartment or rental unit | <input type="checkbox"/> Homeless shelter |
| <input type="checkbox"/> Group home/treatment center (specify _____) | |
| <input type="checkbox"/> Shared apartment/home w/ other family members | <input type="checkbox"/> Shared apartment/home w/ friends |
| <input type="checkbox"/> Shared apartment/home with strangers | <input type="checkbox"/> No housing |
| <input type="checkbox"/> Not known | <input type="checkbox"/> Other (please specify _____) |

10. Is the mother currently seeking other housing arrangements?

- ☐ No ☐ Yes ☐ Not known

11. How many times has the mother moved in the past 12 months? _____

12. Is the mother/family member(s)/household member(s) receiving any of the following assistance?

- ☐ YES ☐ NO ☐ NOT KNOWN

12a. If yes, indicate the type of assistance and amount of the monthly stipend: (CIRCLE ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> TANF \$ _____ | <input type="checkbox"/> General Assistance \$ _____ |
| <input type="checkbox"/> SSI \$ _____ | <input type="checkbox"/> SSDI \$ _____ |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Section 8 Housing | <input type="checkbox"/> Other (please specify _____) |

13. Kempe Assessment Results **[Entry Only]**

Date of Assessment: ____/____/____

	MOB	FOB
1. Childhood history	_____	_____
2. Substance Abuse, Mental Illness, or Criminal History	_____	_____
3. CPS Involvement	_____	_____
4. Self-esteem/Available Lifelines	_____	_____
5. Stressors/Concerns	_____	_____
6. Potential for Violence	_____	_____
7. Expectation of Infant	_____	_____
8. Discipline of Children	_____	_____
9. Perception of Infant	_____	_____
10. Bonding/Attachment Issues	_____	_____
TOTAL	_____	_____

PART E: PARTNER/BOYFRIEND INFORMATION

Fill in this section of the questionnaire only if the partner/boyfriend IS NOT the father of the baby and in co-habiting with the mother or is a primary caregiver for the baby.

1. Partner's Sex

- ☐ Male
☐ Female

2. Partner's date of birth: ____/____/____

3. Partner's current relation to baby's mother?

- ☐ Partner/boyfriend ☐ Married ☐ Other (please specify _____)

4. How long has partner been involved in a relationship with the mother: _____

5. How old was the baby when partner/boyfriend became involved with mother: _____

6. Partner's highest grade completed in school (CIRCLE ONLY ONE)

- | | |
|---|--|
| <input type="checkbox"/> No formal schooling | <input type="checkbox"/> Eighth grade or less |
| <input type="checkbox"/> Less than high school graduation | <input type="checkbox"/> High school degree |
| <input type="checkbox"/> General Equivalency Degree (GED) | <input type="checkbox"/> Some College Education |
| <input type="checkbox"/> College Degree | <input type="checkbox"/> Vocational/Training Certificate |
| <input type="checkbox"/> Graduate Work | <input type="checkbox"/> Not known |

7. Is the partner currently employed?

- ☐ No ☐ No, but the father is seeking work
☐ Yes ☐ Not known

7a. If yes, please describe the partner's current paid employment status:

- ☐ Regular, full-time job (35 or more hours per week)
☐ Regular, part-time job ☐ Occasional work
☐ Working more than one job ☐ Not applicable (not working)

8. If employed, what is the partner's average annual UNASSISTED income:

- | | | |
|---|--|---|
| <input type="checkbox"/> Under \$5,000 | <input type="checkbox"/> \$5,000 to \$9,999 | <input type="checkbox"/> \$10,000 to \$14,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$35,000 and over |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Not applicable (No one in household employed) | |

9. Is the partner currently enrolled in school?

- ☐ No ☐ Yes ☐ Not known

10. Does the partner currently have any of the following conditions?

- | | | | |
|------------------------------|------------------------------|-----------------------------|-------------------------------------|
| 1. Abuse of alcohol | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |
| 2. Abuse of other substances | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |
| Explain: _____ | | | |
| 3. Financial difficulties | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |
| 4. Social isolation | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |
| 5. History of arrests | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |
| 6. Currently incarcerated | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't know |

11. To what extent is the partner a primary caregiver for the baby?

- ☐ Very involved ☐ Somewhat involved ☐ Sees the child occasionally
☐ Very rarely involved ☐ Does not see the baby involved
☐ Not applicable (prenatal family)